

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734082

Entity Name: SHANDS JACKSONVILLE COMMUNITY SERVICES, INC.

Current Principal Place of Business:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

FEI Number: 51-0173761

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEBARDELEBEN, JON ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JON DEBARDELEBEN

03/27/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name DEBARDELEBEN, JON ESQ.
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title CHAIRMAN, DIRECTOR
Name HALEY, JR., LEON L M.D.
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title PRESIDENT, DIRECTOR
Name MILLER, GREG
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

Title TREASURER, DIRECTOR
Name COCCHI, DEAN
Address 655 WEST 8TH STREET
City-State-Zip: JACKSONVILLE FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JON DEBARDELEBEN, ESQ.

SECRETARY

03/27/2020

Electronic Signature of Signing Officer/Director Detail

Date